

## Additional Medical Programs

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### Summary

Additional Medical Programs are available to Army National Guard Soldiers, including: Active Duty Medical Extension (ADME), Medical Retention Processing (MRP), Medical Retention Processing 2 (MRP2), MOS Medical Retention Board (MMRB), Medical Evaluation Board/ Physical Evaluation Board (MEB/PEB), Line of Duty (LOD), and Incapacitation Pay Program (INCAP). Warrior Transition Units and Community Based Warrior Transition Units allow ARNG Soldiers to recover and recuperate with the best care and conditions available. The ARNG also provides useful resources for various health and wellness information, news, and advice. These programs are made available to address the need for sustaining the Operational Force of the Army and eligibility is based upon status and medical circumstances.

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### Additional Medical Programs Highlights

Program	Definition	Eligibility	Further Information
ADME	The ADME program is designed to voluntarily place Soldiers on temporary Active Duty, to evaluate or treat Reserve Component (RC) with in-the-line-of-duty service connected medical conditions or injuries in order to return Soldiers back to duty within his or her respective RC as soon as possible. If return to duty is not possible, process the Soldier through the Army Physical Disability Evaluation System (PDES).	The medical condition incurred or aggravated must have occurred while in an Individual Duty for Training (IDT) or non-mobilization Active Duty status and that medical care will extend beyond 30 days. The medical condition must prevent the Soldier from performing his or her MOS / AOC within the confines of a Profile (DA Form 3349) issued by military medical authority. A Medical Review Board (MRB) must determine that the Soldier is eligible for ADME.	<a href="#">ADME Program Instructions</a>
MRP	The MRP program is	This program applies to	<a href="#">MRP</a>

	designed to compassionately evaluate and treat the RC Warriors in Transition (WT) with an “in the line of duty” incurred illness, injury, disease or an aggravated pre-existing medical condition which prevent them from performing the duties required by their MOS and/or position as soon as possible. If a return to duty is not possible, process the WT through the Army Physical Disability Evaluation System (PDES).	outpatient and in-patient Warriors in Transition (WT) currently on Active Duty mobilized under Title 10, USC, Chapter 1209, Section 12302, partial mobilization orders for operations in support of the GWOT. Soldiers on Active Duty in support of GWOT under another authority will be handled on a case-by-case basis. When a Soldier is not expected to Return To Duty (RTD) within 60 days from time of injury or illness, or, if the Soldier could RTD within 60 days, but will have fewer than 120 days left on his current mobilization orders.	<a href="#">Information within the WTU Guidance</a>
MRP2	The MRP2 program is designed to voluntarily return Soldiers back to temporary Active Duty, to evaluate or treat RC WT with unresolved mobilization connected medical condition that either was not identified or did not reach optimal medical benefit prior to their REFRAD.	This program applies to WT previously REFRAD from Active Duty while mobilized under Title 10, USC, Chapter 1209, Section 12302, partial mobilization orders for operations in support of the GWOT. Soldiers previously on Active Duty orders in support of GWOT under another authority will be handled on a case-by-case basis. Soldiers on Active Duty orders not in support of GWOT might be eligible for Active Duty Medical Extension. A Medical Review Board (MRB) must determine that the Soldier is eligible for MRP2.	<a href="#">MRP2 Information within the WTU Guidance</a>
MMRB	An MMRB is an administrative board, formally conducted, to evaluate the Soldier’s ability to perform their military specialty to standard. The system is established to ensure continuity of effort	An MMRB is conducted when a Soldier has been issued a permanent physical profile of 3 or 4 Physical, Upper extremities, Lower extremities, Hearing, Eyes, pSychiatric (PULHES) factor, DA Form 3349, unless direct referral to	<a href="#">MMRB Briefing</a>

	among commanders, doctors, personnel managers, and the PDES regarding recommendations for the Soldier with a Physical 3 or 4 profile.	a MEB/PEB is required. (Direct referral is required when Soldier does not meet the medical retention standards of AR 40-501, Chapter 3)	
MEB/PEB	<p>Medical Evaluation Board (MEB): Conducted IAW AR 40-400, Chapter 7. MEBs validate whether Soldiers meet the medical retention standards of AR 40-501. Soldiers who fall below medical retention standards by-pass the MMRB. With the exception of certain MMRB cases, MEBs that determine a Soldier meets medical retention standards can return the Soldier to duty.</p> <p>Physical Evaluation Board (PEB): Conducted IAW AR 635-40. PEBs make determinations for purposes of retention, separation, or retirement under Title 10, USC, Chapter 61. PEBs use a performance based standard within the parameters established by DoDI 1332.38. Referral into the Physical Disability Evaluation System by an MMRB or MEB does not mandate an unfit finding. PEBs look at whether the medical impairment precludes performance of the PMOS duties.</p>	<p>MEBs are initiated when a Soldier meets the medical retention determination point (MRDP).</p> <p>Informal PEB – all cases are first adjudicated by an informal PEB without the presence of the Soldier. The informal PEB bases its determination on the MEB and allied documents.</p> <p>Formal PEB – pertains to Soldiers who are found unfit by the PEB (or fit off the Temporary Disability Retirement List (TDRL)) fulfilling the provisions of Title 10, USC, Chapter 1214.</p>	<a href="#">MMRB Briefing</a> (contains MEB/PEB information)
LOD	Inquiries into the facts surrounding any injury, disease, or death suffered by a Soldier that may result in possible hospitalization or claims against the	Soldiers who have suffered an injury, illness or disease in the Line of Duty (LOD).	<a href="#">Army Human Resources Command</a>

	government. Determines an individual's duty status and whether or not misconduct was the proximate cause of the injury, disease, or death.		
INCAP	Eligible Soldiers will receive his or her demonstrated loss of income up to the equivalent rate of full pay and allowed for his or her rank and length of service.	After release from Active Duty (e.g.: REFRAD) RC Soldiers might be eligible for incapacitation (INCAP) pay if physically disabled as a result of an injury, illness or disease incurred in the line of duty that prevents the Soldier from performing his or her military or civilian job. Eligibility for benefits is determined on a case-by-case basis with a maximum benefit of six months. Soldiers are not eligible for benefits while on Active Duty. INCAP pay may not be paid until a final line of duty (LOD) determination has been made.	<a href="#">Reserve Component Soldier's Handbook</a>

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## Frequently Asked Questions

### Q. What is the Veterans Affairs Medical Benefit Program?

A. Army National Guard Soldiers who were called to Active Duty by a Federal Executive Order may qualify for VA health care benefits. Returning ARNG Soldiers who served on Active Duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for two years following discharge from Active Duty. Army National Guard Federal, State, or Retired Active Duty Soldiers who have been classified as Special Category (SPECAT) as a result of injuries or illness incurred on or after September 10, 2001 are eligible for the AW2 program. Soldiers also must have been awarded an Army disability rating of 30 percent or greater to be classified as Severely Disabled.

### Q. What is a WTU?

A. In 2007, the Army created 35 warrior transition units (WTUs) at Army installations to fill a gap in support personnel for wounded Soldiers. The WTUs provide critical support to wounded Soldiers—who are expected to require six months of rehabilitative care and the need for complex medical management—and their Families. The units have physicians, nurses, squad leaders, platoon sergeants, and

mental health professionals. These leaders are responsible for making sure wounded Soldiers' needs are met, their care is coordinated, and their Families are taken care of.

**Q. What is a CBWTU?**

A. Community Based Warrior Transition Units (CBWTUs) allow a recuperating Soldier to live at home and to access medical facilities near home while remaining on Active Duty. The primary mission of the CBWTUs is to provide high quality health care and administrative processing for reserve component Soldiers while allowing them to live and perform duties close to their homes and families (they work at an armory or reserve center within the confines of their profiles). CBWTUs are manned primarily by mobilized Army National Guard and Army Reserve Soldiers who provide command and control (C2) for National Guard and Reserve Soldiers undergoing medical treatment in neighborhood healthcare facilities.

**Q. What are the limitations to INCAP?**

A. The following is a list of limitations:

- A Soldier's duty status will not be terminated because of injury, illness or disease unless requested by the member.
- Reserve Component Soldiers are NOT entitled to receive both Veterans Affairs disability compensation and incapacitation pay for the same disabling condition.
- Will not exceed the amount of military pay and allowances for which the member is entitled if serving on Active Duty.
- Benefits are limited to 6 months unless there are extenuating circumstances and review of the case by the National Guard Bureau.
- Incapacitation pay will be paid only during the period a member remains unfit for military duty or demonstrates a loss of earned income.
- After 4 Months may be directed for an evaluation by a Military Treatment Facility to determine the Soldier's suitability for retention.
- Incapacitation pay is not a benefit, it is an entitlement.
- Incapacitation pay is not guaranteed just because a Line of Duty investigation is being completed. A Soldier's injury or illness MUST be found to have occurred while in the line of duty.

**Q. Why is a Line of Duty determination important?**

A. Injuries or diseases contracted in the Line of Duty entitle the Soldier to disability compensation in the form of severance pay or a medical retirement when it comes time to leave the service and assists the VA to determine the percentage of disability benefits to be awarded to the Soldier.

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**Links**

- [Army Knowledge Online – Self Service](#)

The Army Knowledge Online website (CAC enabled) is useful in answering all medical and health questions by providing instructions, documents and forms, information and processes, and general health information.

AKO→ Self Service → My Medical

- [The Line of Duty \(LOD\) Module](#)  
The LOD Module provides a web-accessible comprehensive, user-friendly tool for use at Units, JFHQ-S, and National Guard Bureau to administer and manage LOD determinations, incapacitation pay, medical care, and safety programs.
- [Military OneSource – Wounded Warrior](#)  
Military OneSource provides information and resources for wounded warriors, such as financial, medical, family, and education.
- [My Army Benefits -- Benefits](#)  
This site contains detailed information on all the benefits available to Army National Guard Soldiers and their Families.

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## References

### Regulations

- [AR 135-381, Incapacitation of Reserve Component \(RC\) Soldiers](#)
- [AR 37-104-4, Military Pay and Allowance Policy](#)
- [AR 40-400, Patient Administration](#)
- [AR 40-501, Standards of Medical Fitness](#)
- [AR 600-8-4, LOD, Policy Procedures and Investigations](#)
- [AR 635-40, Physical Evaluation for Retention, Retirement, or Separation](#)
- [DA PAM 135-381, Incapacitation of Reserve Component Soldiers Processing Procedures](#)
- [DoDD 1332.18, Separation or Retirement for Physical Disability](#)
- [DoDI 1332.29, Eligibility of Regular and Reserve Personnel for Separation Pay](#)
- [DoDI 1332.38, Physical Disability Evaluation](#)
- [Title 10, United States Code – Armed Forces](#)

### Documents and Forms

- [DA Form 3349, Physical Profile](#)
- [DA Form 7574, Incapacitation Pay Monthly Claim Form](#)
- [DA Form 7574-1, Military Physician's Statement of Soldier's Incapacitation/Fitness for Duty](#)
- [DA Form 7574-2, Soldier's Acknowledgement of Incapacitation Pay Counseling](#)

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## Points of Contact

- ARNG-HRP-P
- Wounded Soldier and Family Hotline  
Toll Free: 1-800-984-8523  
Overseas: DSN 312-328-0002  
Stateside: DSN 328-0002  
Email: [wsfsupport@conus.army.mil](mailto:wsfsupport@conus.army.mil)

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